EMPLOYEE MISCLASSIFICATION TIP FORM

Misclassification occurs when workers that should be treated as *employees* are incorrectly treated, by the employer, as *independent contractors*. This is unfair to the workers and unfair to other employers.

Why do you think there is misclassification? ____________________________________________________________

________________________________________________________________________________________

Business Name: _____________________________________________________________

Name of Owner(s): _____________________________________________________________

Name of a contact person at the business: __________________________________________ Email: ______________________________________

Street Address: ________________________________________________________________

City: ___________ State: ___________ Zip: ___________

County: ___________ Business Phone: ________________________________

Home Phone: ___________________ Cell Phone: __________________ Fax: __________________

Other locations or worksites: ___________________________________________________

Describe what kind of work the Employees of this Business perform: __________________________________________________

How did this come to your attention? (please be specific) ____________________________________________________________

________________________________________________________________________________________

When are the workers typically on the worksite? _____________________________________________

How are they paid? Cash _______ Payroll Check _______ Personal Check _______ Other _______

Are taxes deducted? No _______ Yes _______ Unsure _______ Are pay stubs provided? No _______ Yes _______

Are deductions taken out of for workers’ compensation premiums? Yes _______ No _______ Unsure _______

When are the wages paid? Daily _______ Weekly _______ When job is completed _______ Other _______

How many hours per week do the employees normally work? ____________________

If you are willing to be contacted about this request, please provide your:

Email ___________________ Phone # __________________________________________

Printed Name of Requesting Party: ____________________ Signature: ____________________ Date: ____________________

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